



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WATER PROTECTION PROGRAM, FINANCIAL ASSISTANCE CENTER  
**RURAL SEWER GRANT APPLICATION**

**Submit to:** P.O. Box 176, Jefferson City, MO 65102-0176  
Attn: Financial Assistance Center

**FOR OFFICE USE ONLY**

DATE RECEIVED

GRANT NUMBER

PWS ID NUMBER

**This application is for a Rural Sewer Grant**

**APPLICANT INFORMATION**

1. APPLICANT NAME			
2. MAILING ADDRESS			
CITY	STATE	ZIP CODE + FOUR -	COUNTY
3. TELEPHONE NUMBER WITH AREA CODE ( ) - Ext.		FAX NUMBER WITH AREA CODE ( ) -	
4. AUTHORIZED REPRESENTATIVE NAME		AUTHORIZED REPRESENTATIVE TITLE	
NAME OF PERSON TO CONTACT ABOUT THIS APPLICATION		5. TELEPHONE NUMBER WITH AREA CODE ( ) - Ext.	
CONSULTING ENGINEER			
CONSULTANT MAILING ADDRESS			
CITY	STATE	ZIP CODE + FOUR -	
CONSULTANT TELEPHONE NUMBER WITH AREA CODE ( ) - Ext.		CONSULTANT FAX NUMBER WITH AREA CODE ( ) -	
6. POPULATION (CURRENT CENSUS)	POPULATION OF AREA TO BE SERVED	FEDERAL TAX ID NUMBER	
7. STATE SENATE DISTRICT NUMBER(S) FOR PROJECT		STATE REPRESENTATIVE DISTRICT NUMBER(S) FOR PROJECT	
8. GRANT TYPE (PLEASE CHECK ONE) <input type="checkbox"/> Special Needs <input type="checkbox"/> Collection for Unsewered Area			
9. ANTICIPATED PRIMARY SOURCES OF FUNDING (ATTACH EVIDENCE OF FUNDING COMMITMENTS, IF AVAILABLE). NOTE: YOU MUST HAVE SECURED YOUR PRIMARY FUNDING SOURCE BEFORE THIS APPLICATION IS FUNDED.			

**10. ESTIMATED PROJECT COST INFORMATION**

<b>Cost Estimate Dated:</b> /     /		<b>11. Calculate Rural Sewer Grant Amount:</b>	
Engineering planning and design	\$	<b>A.</b> \$1,400 x Number of connections up to a maximum of 50 percent of the total project cost (whichever is less) For Special Needs Grants, the number of connections equals the existing service connections. For New Collection Grants, the number of connections equals the connections to be served.	\$
Engineering (Construction Phase)	\$		
Engineering Inspection	\$		
Construction (special needs)	\$	<b>B.</b> Number of Contracted Users	
Construction (non-special needs)	\$	<b>C.</b> Number of Potential Users	
Equipment	\$	<b>NOTE:</b> Rural Sewer Grant funds cannot be used for potential connections	
Other Costs (Specify):	\$		
Contingencies	\$		
<b>Total Project Costs</b>	\$		

**12. ANTICIPATED FUNDING**

Total Costs	Applicant Contribution	Rural Sewer Grant	Other DNR Grant	Other DNR Loan	Other Federal or State Assistance
\$	\$	\$	\$	\$	\$
Percentage of Total Costs	%	%	%	%	%

**13. PROJECT DESCRIPTION**

(ATTACH ENGINEERING REPORT AS SUBMITTED TO MISSOURI WATER AND WASTEWATER REVIEW COMMITTEE, IF APPLICABLE)

**14. APPLICANT FINANCIAL INFORMATION**

A. Median Household Income (from census) \$

B. Low-to-Moderate Income Designation (LMI) Please check "yes" if greater than 50 percent LMI ☐ Yes ☐ No

C. Current Monthly Sewer Use Rate (for 5,000 gallons) \$

D. Proposed Monthly Sewer Use Rate (for 5,000 gallons) \$

E. Current Monthly Drinking Water Rate (for 5,000 gallons) \$

F. Sewer Revenues for most recent year ended / / (date) \$

G. Sewer Operating Expenditures for most recent year \$

**15. PROJECT SCHEDULE (READINESS TO PROCEED)**

MILESTONE	ANTICIPATED DATE
A. Engineering Report Complete	/ /
B. All other funding is secured (if necessary, bonds are voted)	/ /
C. Engineering Plans and Specifications complete	/ /
D. Construction Start Date	/ /
E. Mandatory completion date (from permit compliance schedule) <i>special needs grants only</i>	/ /

**16. BOARD TRAINING**

LIST ANY BOARD TRAINING(S) RELATED TO WASTEWATER UTILITY MANAGEMENT ATTENDED IN THE LAST THREE YEARS

**CERTIFICATION**

The undersigned representative certifies that the information submitted in this application is true and correct to the best of his or her knowledge and that he or she is authorized to sign and submit this application. The applicant agrees, if a grant is awarded on the basis of this application, to comply with all applicable rules and regulations of the Department of Natural Resources and the terms and conditions of the grant agreement. **Incomplete applications will be returned.**

SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE / /
NAME AND OFFICIAL TITLE (TYPE OR PRINT)	TELEPHONE NUMBER WITH AREA CODE ( ) - Ext.

**PREPARER'S NAME AND SIGNATURE (IF APPLICABLE)**

SIGNATURE OF PREPARER	DATE / /
NAME AND TITLE (PRINT OR TYPE)	TELEPHONE NUMBER WITH AREA CODE ( ) - Ext.